

Name  
in  
Full

Joah H. Armstrong

## CERTIFICATE OF DEATH

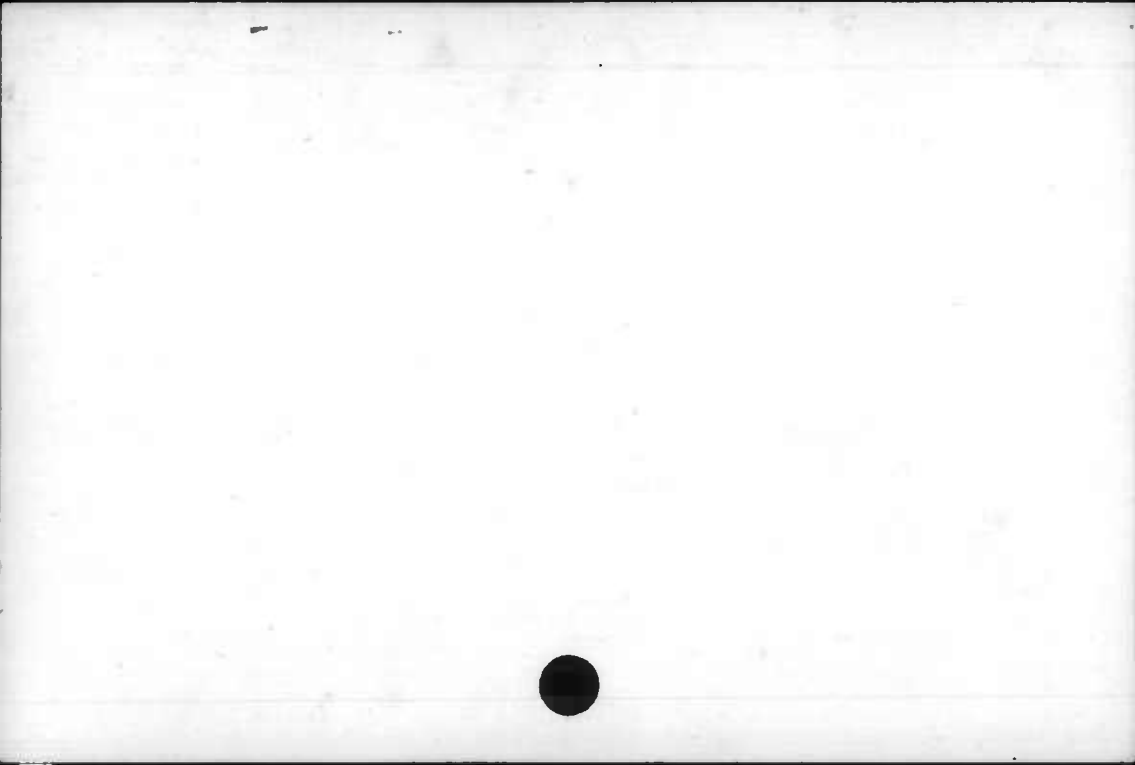
Disd at		Town Snow Hill		County Worcester		MARYLAND	
Date of death		Month 1909 December	Day 1st	Age 12	Years	Months 2	Days 8
Sex Male		Color or Race Black		Birth-place Worcester Co. Md.			
Occupation Laborer		Where Residing if not at place of death Snow Hill Md.					
<del>Married</del> , Single <del>or Widowed</del>		Name of wife or husband <del>Frances</del>					
Father's Name George H. Armstrong		Father's Birthplace Worcester Co. Md.					
Mother's Maiden Name Lidia Johnson		Mother's Birthplace Worcester Co. Md.					
Name of person giving Information George Armstrong		How related to deceased Father					

## CAUSES OF DEATH

27

Primary	Tuberculosis of Lungs	How long 5 months
Immediate	Heart Failure	How long Immediately
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John S. Sydelotte
I think so		Address Snow Hill Md.
Accident or Suicide		

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

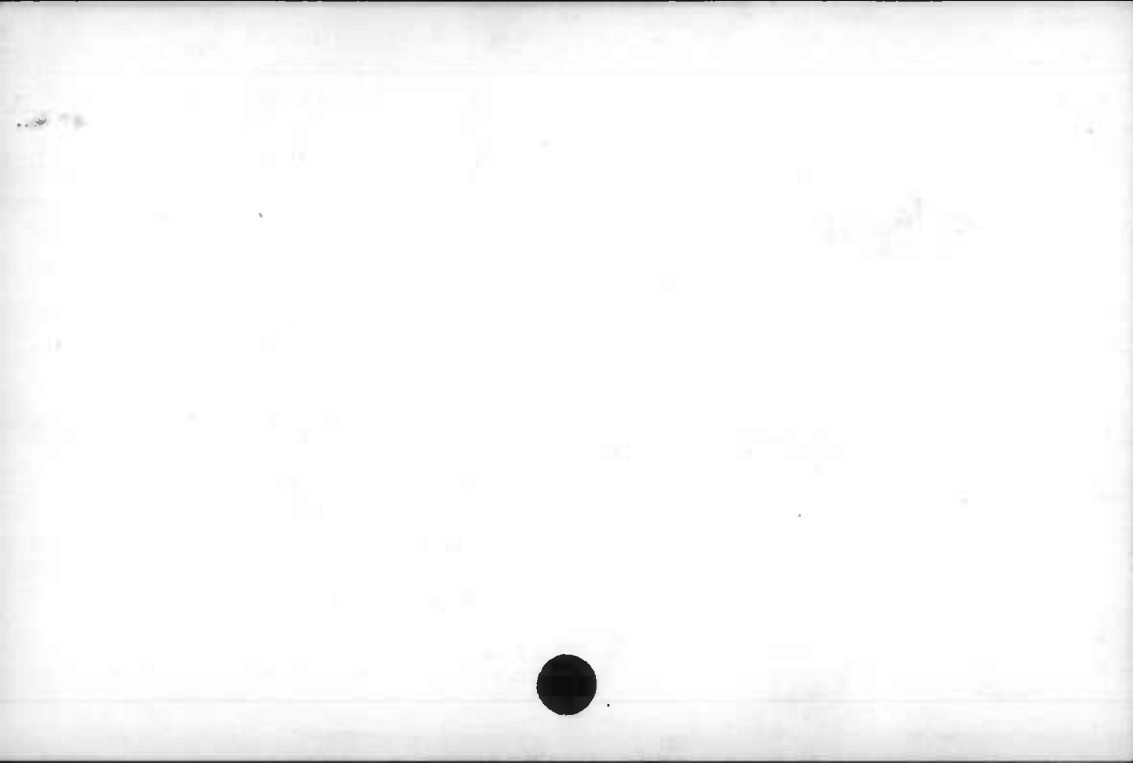
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Ayers</i>		Town <i>Berlin</i>		County <i>Nov.</i>		MAYLAND	
Died at <i>Berlin</i>		Month <i>Dec.</i>		Day <i>4</i>		Years <i>37</i>	
Date of death <i>1909 Dec.</i>		Age <i>37</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Col.</i>		Birth-place <i>Near Berlin</i>			
Occupation <i>Severand</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Isaac Ayers</i>		Father's Birthplace <i>Near Berlin</i>					
Mother's Maiden Name <i>Minty Ayers</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>Esperia Ayers</i>		How related to deceased <i>Bro.</i>					

## CAUSES OF DEATH

Primary <i>No Dr. in attendance</i>		How long <i>179</i>	
Immediate <i>unknown</i>		How long <i>Six Mo.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>None</i>	
		Address <i>O.K. D A Massey.</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

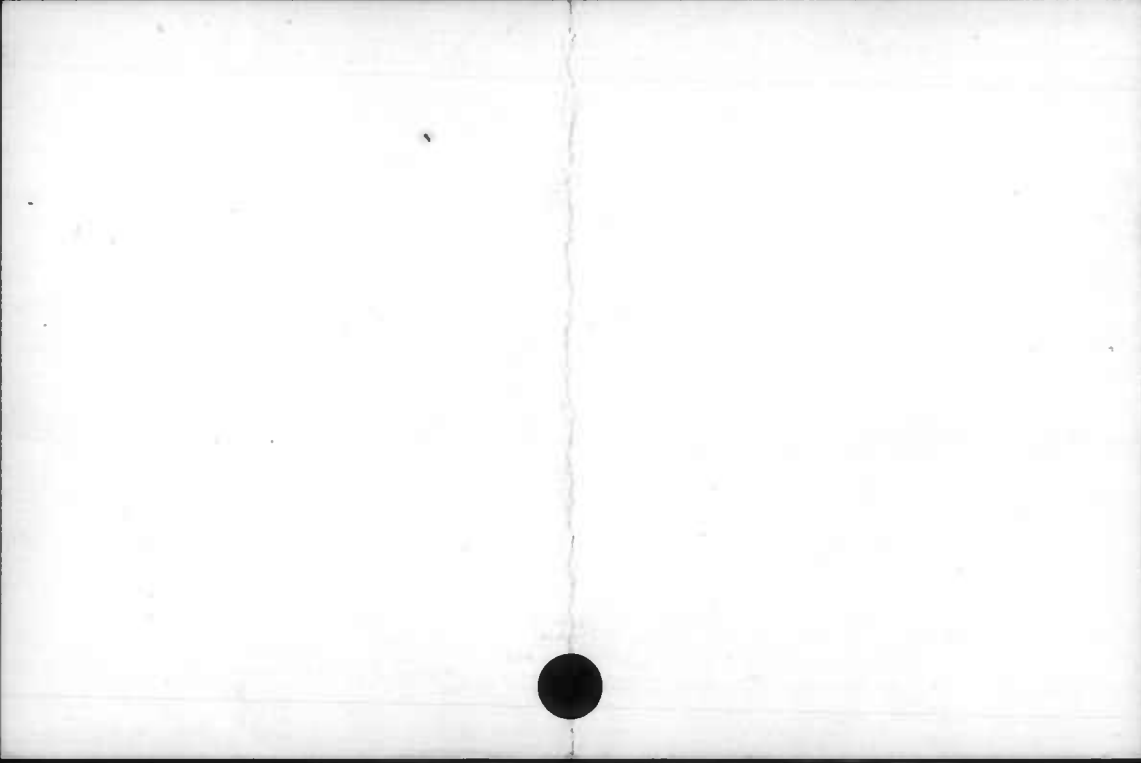
Name *Carrie Bishop* Town *Bishopville* County *Worcester*  
Died at *Bishopville* *Worcester*  
Date of death *1909 Dec 14* Age *49*  
Sex *Female* Color or Race *White* Birthplace *Maryland*  
Occupation *House Work* Where Residing if not at place of death *at Home*  
Married, Single or Widowed *Married* Name of Wife or Husband *Charles Bishop*  
Father's Name *Wesley John King* Father's Birthplace *Maryland*  
Mother's Maiden Name *Anna M Collins* Mother's Birthplace *Maryland*  
Name of person giving Information *Lina Raynor* How related to deceased *Son*

CAUSES OF DEATH

*106*

PHYSICIAN  
OR CORONER

Primary *Chronic Bronchitis* How long *3 years.*  
Immediate *Entero-colitis* How long *3 weeks.*  
Are the name, age, sex, color, date and place correctly given above? *Yes.*  
*T Raynor* Signature of Physician *J C Bishop*  
*Showell, Maryland.* Address  
Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

Vergie Mary Bishop

Town

County

Died at

Hornstown

Oceanoe

MARYLAND

Date

of death

1909

Month

Dec

Day

8

Years

Age

Months

4

Days

21

Sex

Female

Color or  
Race

Black

Birth-  
place

Wellbourn

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Henry D. Bishop

Father's  
Birthplace

Hendletree

Mother's  
Maiden Name

Annis Bishop

Mother's  
Birthplace

Hendletree

Name of person giving  
Information

Henry D. Bishop

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Poor Venereal

How long

Since Birth

Immediate

Malnutrition

How long

about 2 years

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

O. L. Watkins M.D.

Address

7 Hornstown,  
Virginia

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Geo. J. Brittingham*

Died at *near Berlin* Town *Mr.* County

MARYLAND

Date of death *1909* Month *Dec.* Day *29* Age *24* Years

Months Days

Sex *Male* Color or Race *Col.*

Birth-place *Near Berlin Md*

Occupation *Former Band.*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Geo. B. Brittingham*

Father's Birthplace *Near Berlin Md*

Mother's Maiden Name *Mary Parnell*

Mother's Birthplace

Name of person giving Information *John W. Fooks*

How related to deceased *Friend*

CAUSES OF DEATH

*(27)*

Primary *Tuberculosis*

How long *1 Year*

Immediate *The nature terminates*

How long

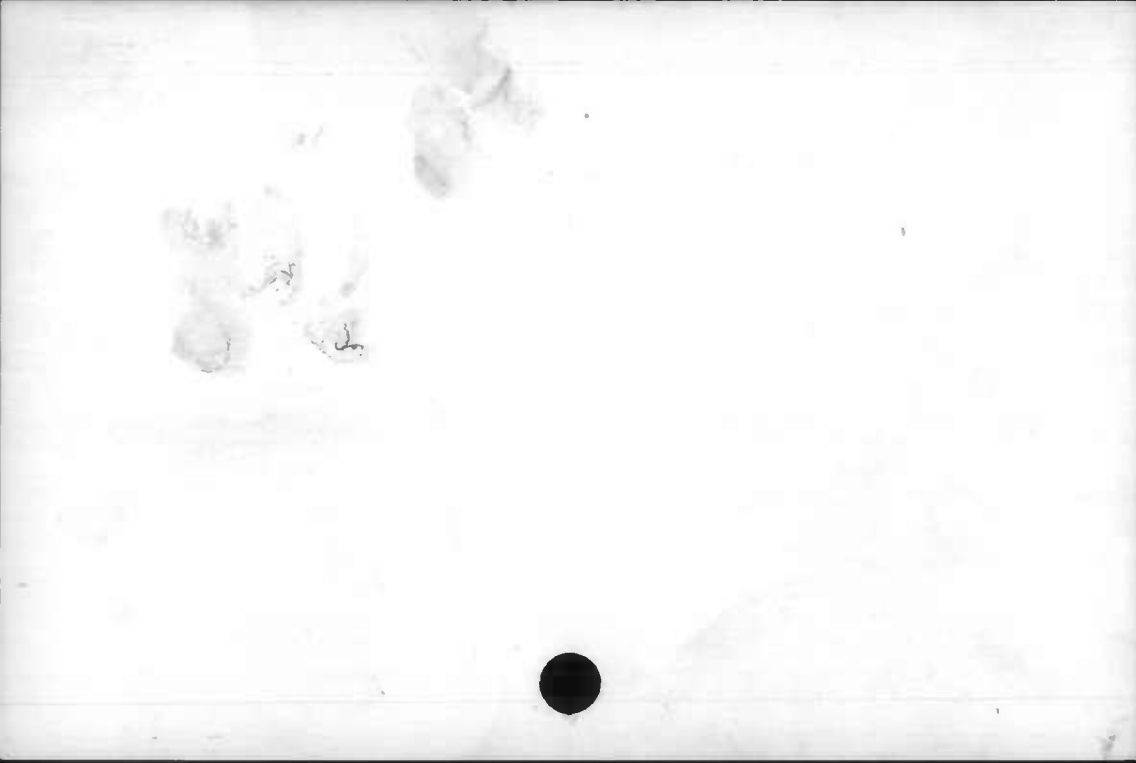
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*E. J. Holland*  
*Berlin Md*

PHYSICIAN  
OR CORONER



Name  
is  
Full

214  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Sarah M. Brittingham*

Died at *Pocomoke City* <sup>Town</sup> *Forcister Co.* <sup>County</sup> **MARYLAND**

Date of death *1909 Dec. 13th* Age *73* Months *9* Days *10*

Sex *Female* Color or Race *White* Birth place *Somerset Co.*

Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *John H. Brittingham*

Father's Name *Wm. Landing* Father's Birthplace *Somerset Co.*

Mother's Maiden Name *Ann Dryden* Mother's Birthplace *Somerset Co.*

Name of person giving Information *James M. Brittingham* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Fractured Skull & other injuries* *(a large scalp wound, more broken ribs, numerous bruises)*

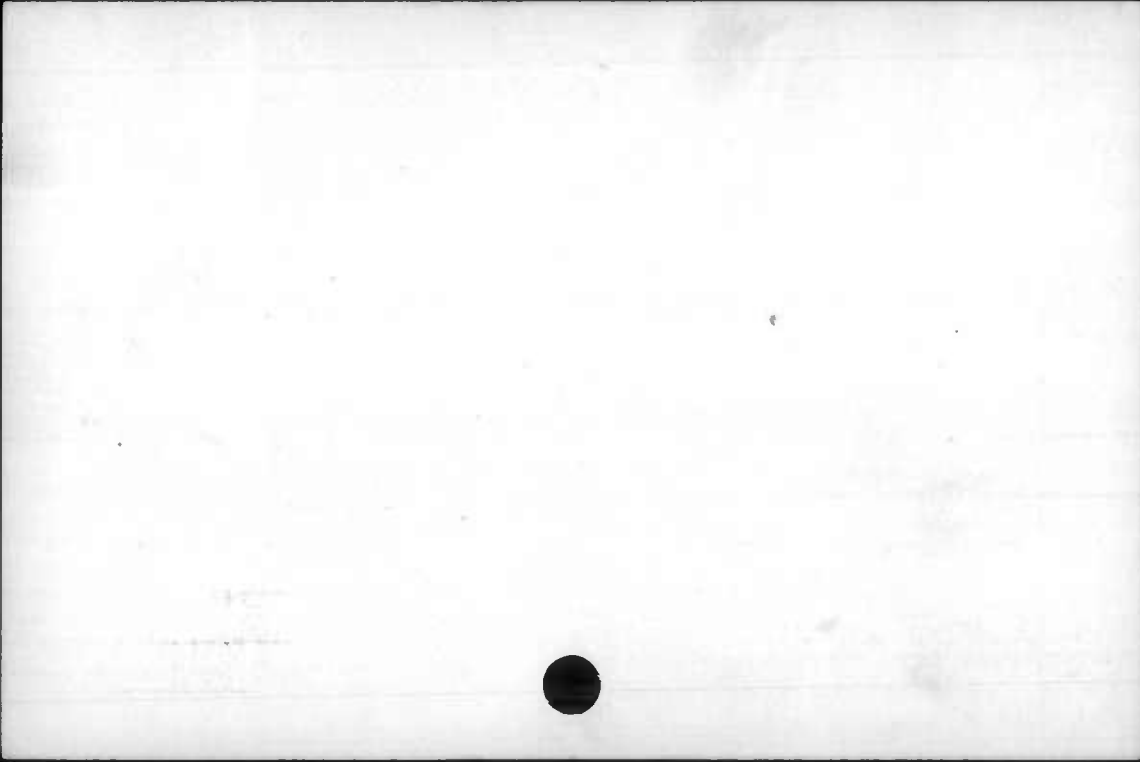
Immediate *Hemorrhage* *How long 4 days - nearly*

Are the name, age, sex, color, date and place correctly given above? *Yes* *How long "*

Signature of Physician *W. E. Sartorius*

Address *Pocomoke City, Maryland*

Accident or Suicide? *Accident* *(Fell down a flight of stairs)*



Name  
in  
Full

Archie H. Collins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Snowhill TownWorcester CountyDate of death 1909 Dec Month3 DayAge 18 Years6 Months21 DaysSex MaleColor or Race ColoredBirth-place Snowhill Md

Occupation

Laborer (Grazing) Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Thomas B. Collins

Father's Birthplace

Snowhill Md

Mother's Maiden Name

Ella Collins

Mother's Birthplace

Snowhill Md

Name of person giving information

Thomas B. Collins

How related to deceased

SonAccidentally struck in head by limb from falling tree

## CAUSES OF DEATH

Primary

Fracture of Skull

How long

Immediate

Lived about 1 hour

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

W.D. Strangewell M.D.

Address

Snow Hill. Md.

Accident or Suicide?

Accident



Name  
in  
Full

CERTIFICATE OF DEATH

*Eugene Dennis Child*  
Town County

MARYLAND

Died at *Liberty town Winchester*

Date of death 1909 Dec 12 Age 9 Months Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Eugene Dennis*

Father's Birthplace *Maryland*

Mother's Maiden Name *Lennie Thullaway*

Mother's Birthplace *Maryland*

Name of person giving Information *John Buckingham* How related to deceased *None*

CAUSES OF DEATH

Primary *Colitis*

How long *105* How long *4 months*

Immediate

Are the name, age, sex, color, data and place correctly given above?

*yes*

Signature of Physician

Address

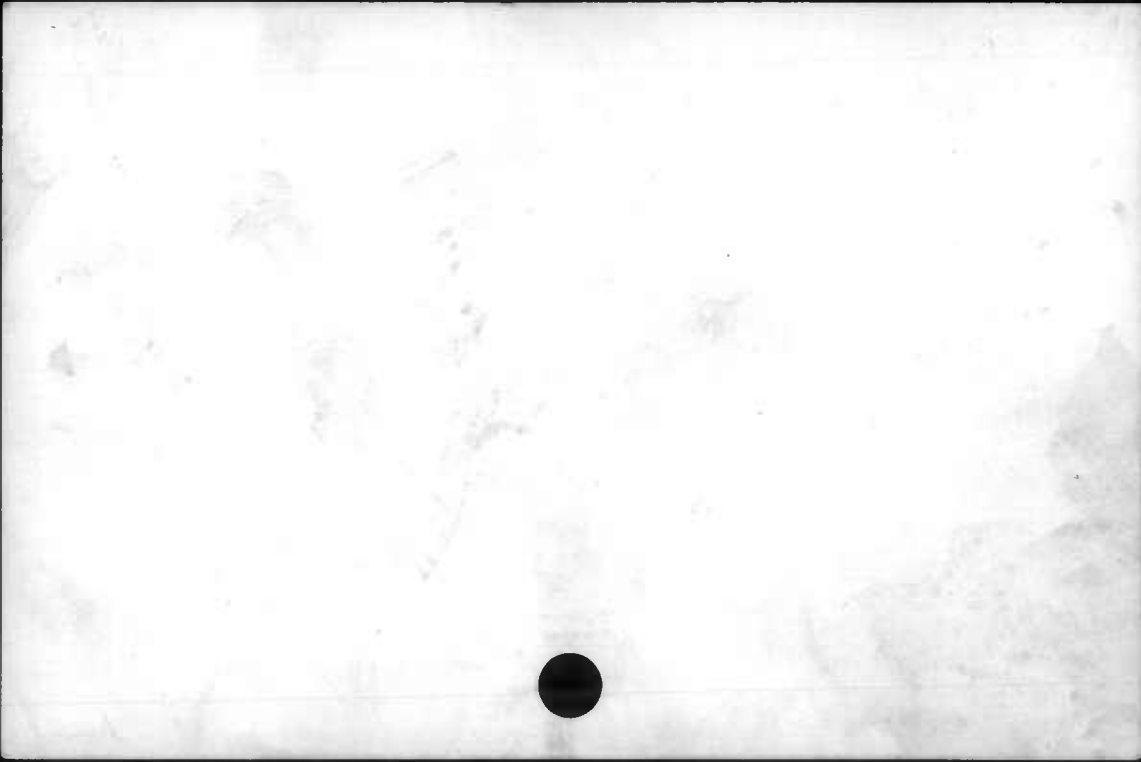
*Dr. J. S. Syndall*  
*Berlin*

Accident or Suicide

*md*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Levin Wilson Disharoon

## CERTIFICATE OF DEATH

MARYLAND

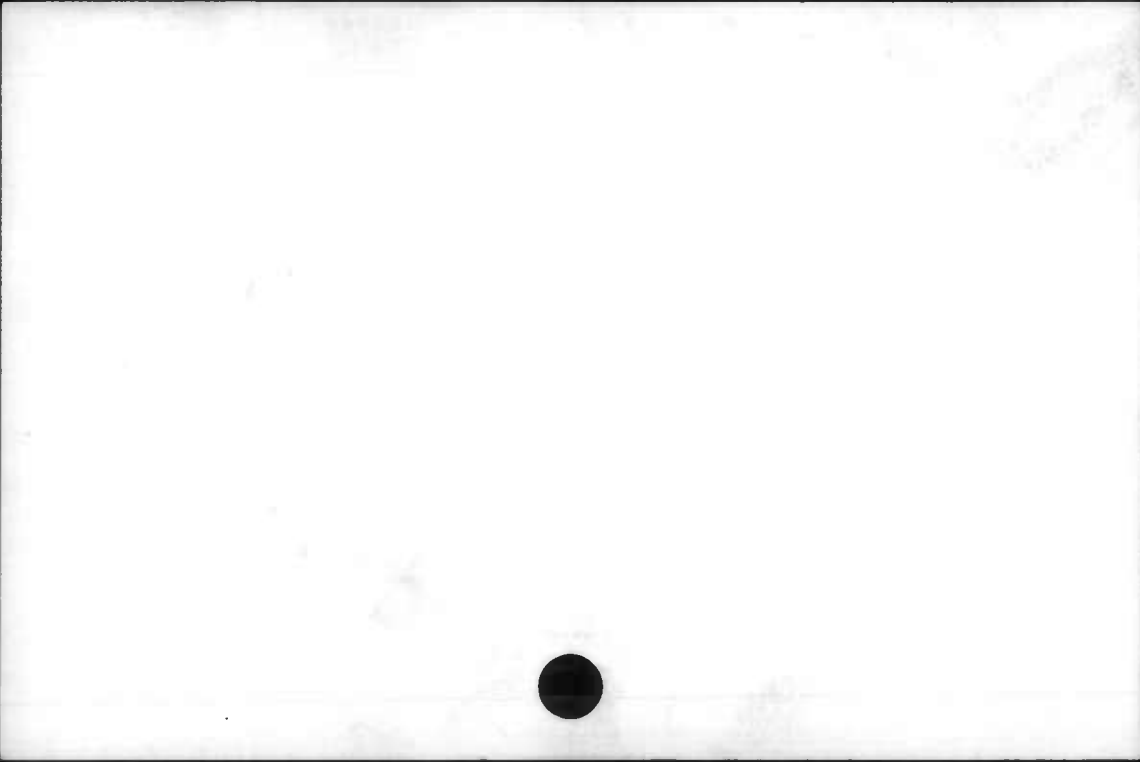
Died at *Stockton* <sup>Town</sup> *Worcester* <sup>County</sup>Date of death 1909 <sup>Month</sup> December <sup>Day</sup> 17 <sup>Age</sup> 72 <sup>Months</sup> 10 <sup>Days</sup> 22Sex *Male* Color or Race *White* Birth-place *Salisbury Md.*Occupation *Oyster Planter* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Ellen E. Thales.*Father's Name *Levin Disharoon* Father's Birthplace *Salisbury Md.*Mother's Maiden Name *Elizabeth Davis* Mother's Birthplace *Salisbury Md.*Name of person giving Information *Jane A. Powell* How related to deceased *Sister*

## CAUSES OF DEATH

Primary *Cerebral Hemorrhage* How long *4 months.*Immediate *Memia* How long *4 days.*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *John D. Dickerson, M.D.*Address *Stockton, Worcester Co. Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER*e*



Name  
in  
Full

Winchester Hall

213  
CERTIFICATE OF DEATH

Died at <i>Crooksville</i> Town		<i>Horrocks</i> County		MARYLAND	
Date of death	1909	Month	Dec	Day	10
Age	90	Year	90	Months	1
Sex	male	Color or Race	white	Birth-place	Kentucky
Occupation	Retired Attorney	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband - Ruth M. Hall			
Father's Name	Richard Hall	Father's Birthplace	Somerset County Maryland		
Mother's Maiden Name	Amanda Winchester	Mother's Birthplace	Fredericksburg Virginia		
Name of person giving Information	Gaither Hall	How related to deceased	Son		

## CAUSES OF DEATH

Primary	Bronchitis	How long	2 weeks
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>J. Wilson</i>	
		Address	
		<i>Crooksville Ky</i>	
Accident or Suicide?			
✓			

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Robt H. Neumann

## CERTIFICATE OF DEATH

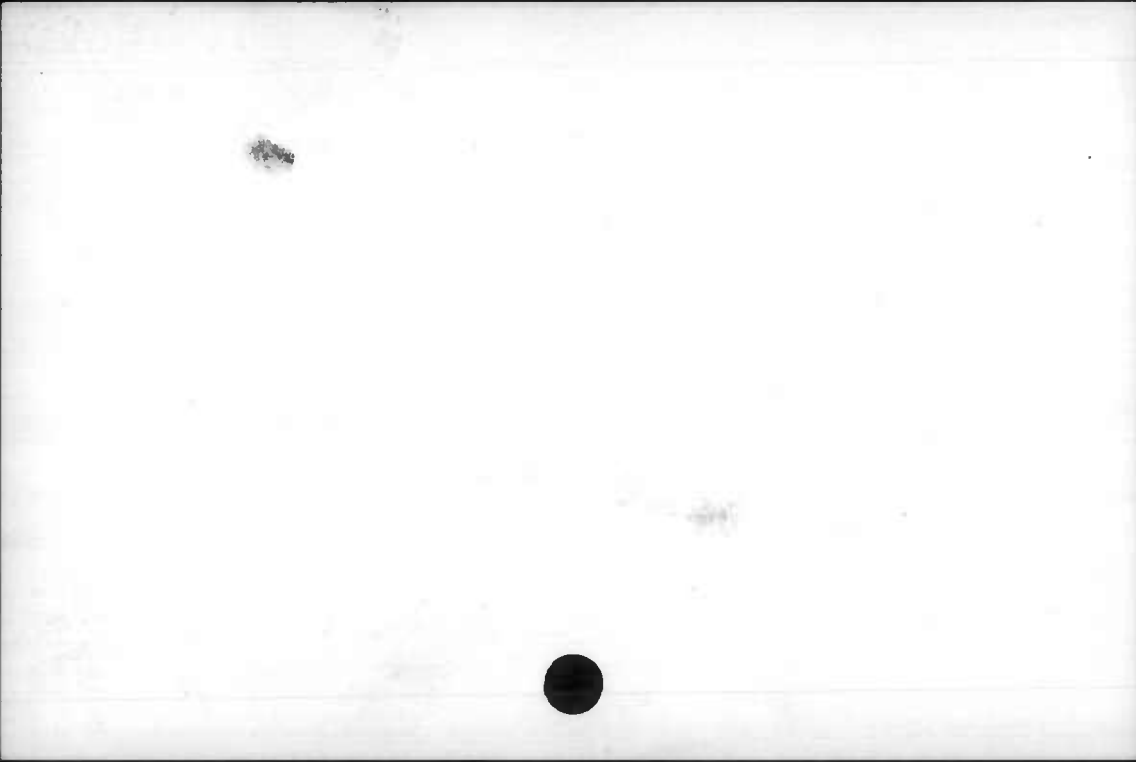
Died at <u>near Berlin</u> <sup>Town</sup>		<u>Marshall</u> <sup>County</sup>		MARYLAND	
Date of death <u>1909</u>	Month <u>12</u>	Day <u>26</u>	Years <u>Age About 40</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>		Color or Race <u>Blk</u>	Birthplace <u>Anna Rumel Co</u>		
Occupation <u>None</u>		Where Residing if not at place of death <u>Ballenger</u>			
Married, Single or <del>Widowed</del>		Name of Wife or <del>Husband</del> <u>Kate Neumann</u>			
Father's Name <u>Don't Know</u>		Father's Birthplace <u>Don't Know</u>			
Mother's Maiden Name <u>Don't Know</u>		Mother's Birthplace <u>Don't Know</u>			
Name of person giving Information <u>Anna Rumel</u>		How related to deceased <u>Bro in Law</u>			

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary <u>Unknown</u>	How long <u>178</u>
Immediate <u>Heart failure</u>	How long <u>Sudden</u>
Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. J. Holland</u>
	Address <u>Berlin Md</u>
Accident or Suicide <u>No</u>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth Hayward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

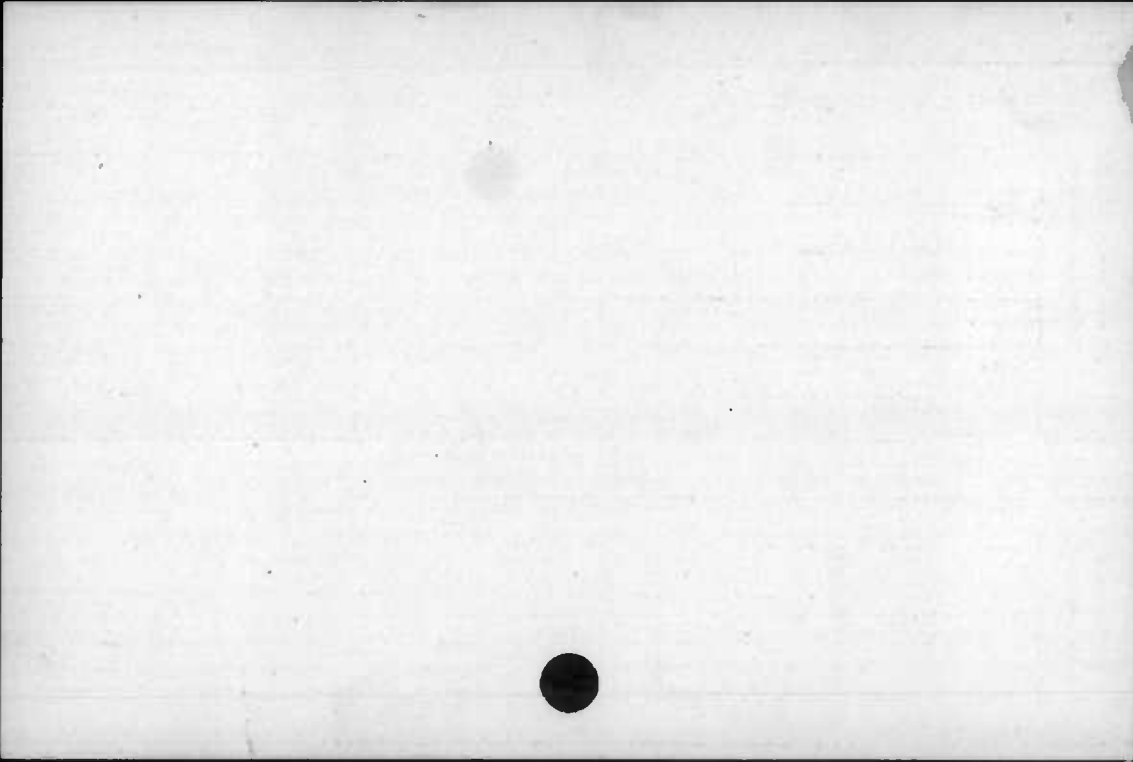
Died at		Town Snow Hill		County Horseshoe		MARYLAND	
Date of death		1909	Month Dec	Day 11	Age 67	Months	Days
Sex		female		Color or Race colored.		Birth-place Maryland	
Occupation		House wife		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Morrellious Hayward					
Father's Name		Esac. Armstrong				Father's Birthplace Maryland	
Mother's Maiden Name		Padienas Rowley				Mother's Birthplace Maryland	
Name of person giving information		Ida B. Hayward				How related to deceased Daughter in law	

## CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary	Rheumatoid arthritis	How long	Several years
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. Chyorgian, O.K.	
		Address	
		Lawrence	
Accident or Suicide?		Snow Hill Md	





Name  
in  
Full

215

CERTIFICATE OF DEATH

Herman Hopkins

TO BE ANSWERED BY  
NEAREST FRIEND

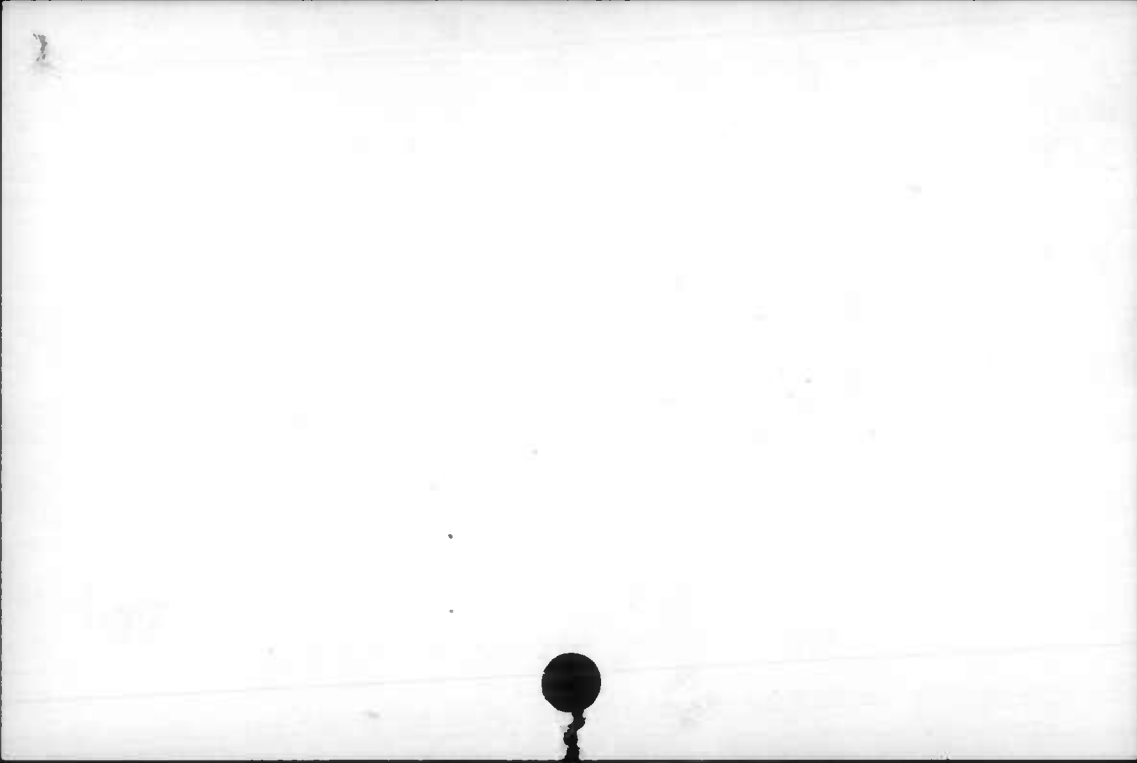
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Dec	14	Age 32			
Sex	Male			Color or Race	White		
Occupation	Clerk			Where Residing if not at place of death	Born Orlean		
Married, Single or Widowed	Married			Name of Wife or Husband	Matthie Lull		
Father's Name	Jas B Hopkins			Father's Birthplace	Orlean		
Mother's Maiden Name	M Knotts			Mother's Birthplace	Orlean		
Name of person giving Information	Matthie Hopkins			How related to deceased	Wife		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Phthisis Pulmonalis	How long	a year
Immediate	Exhaustion	How long	some days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Samuel L. Lundy
		Address	Pasadena City, Md
Accident or Suicide			



Name  
in  
Full

216

CERTIFICATE OF DEATH

Albert George Marshall

Town

County

Died at

Pocomoke city

Worcester

MARYLAND

Date

of death

1909 Dec

Month

Day

24

Age

Years

71

Months

Days

Sex

male

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Salmonan

Where Residing if not  
at place of death

Pocomoke city

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Fooks

Father's  
Name

Zadok Marshall

Father's  
BirthplaceIsle of Wight<sup>2nd</sup>Mother's  
Maiden NameE. Evelyn Brown  
~~Margaret Brown~~Mother's  
Birthplace

Somerset Co. Md

Name of person giving  
Information

Rose Marshall

How related  
to deceased

Sister

## CAUSES OF DEATH

120

Primary

Bright's

How long

1 year

Immediate

exhaustion

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

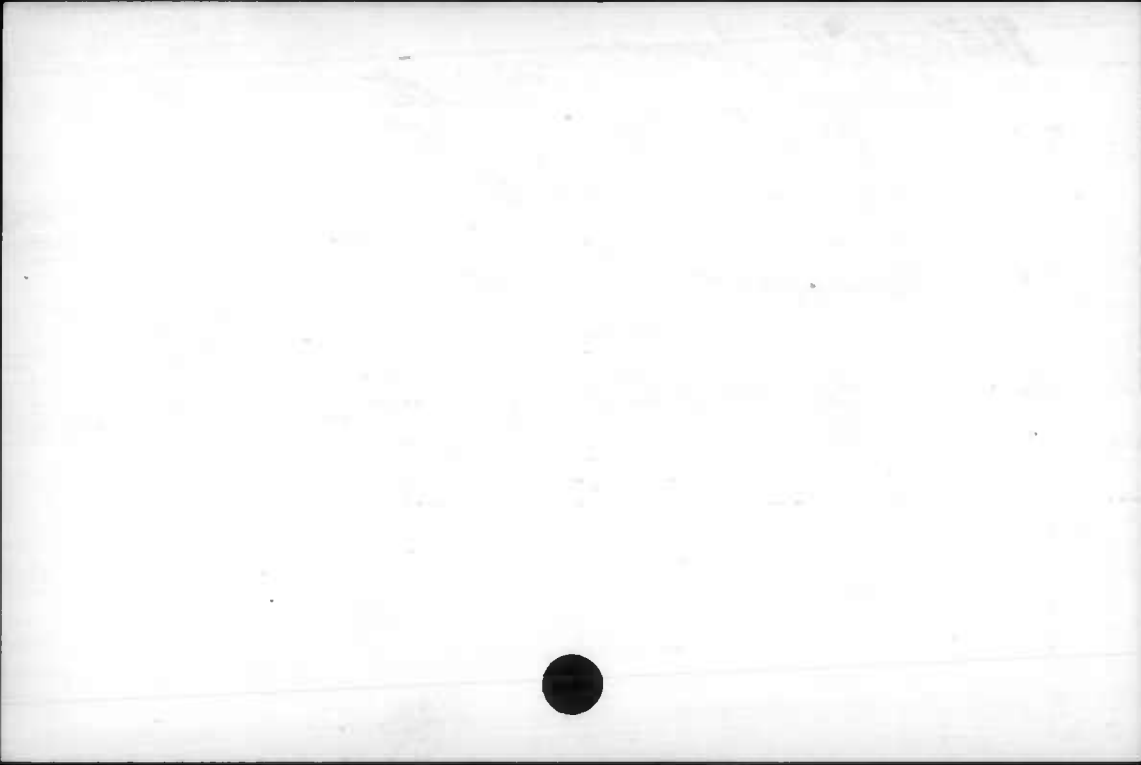
Samuel J. Linn

Address

Pocomoke City

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mitchell A. Warner

217  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

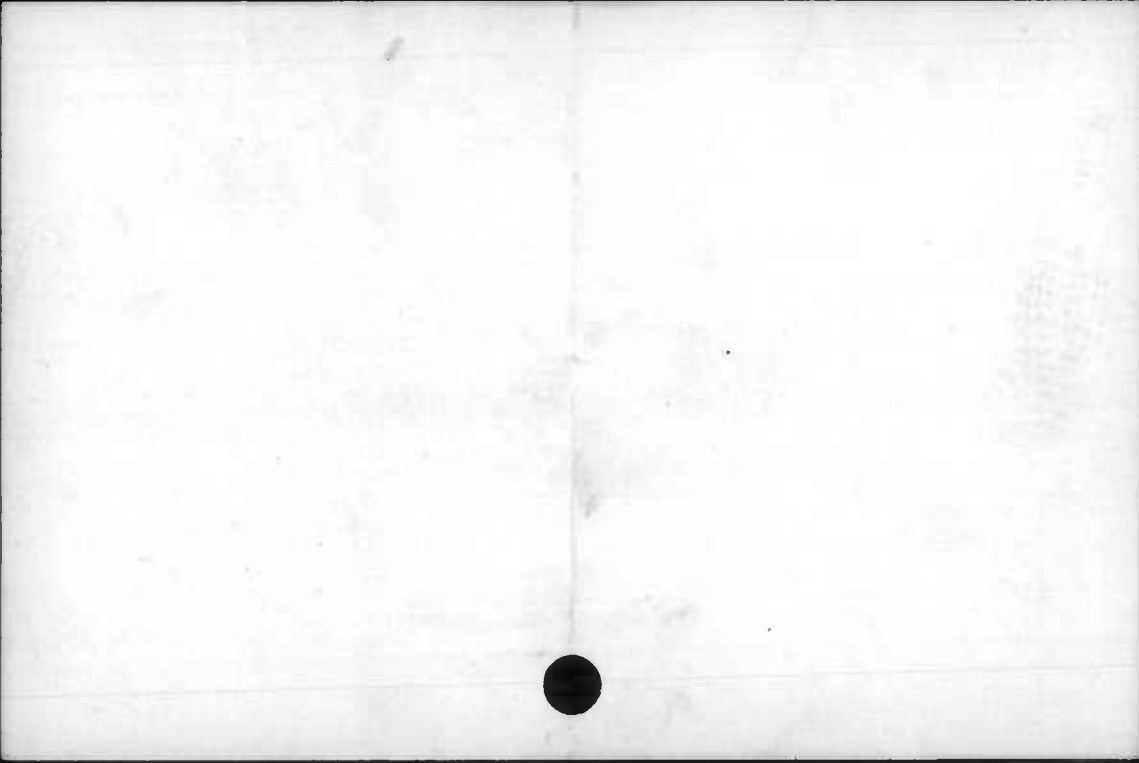
Died at *Godsville* Town *Honestus* County  
 Date of death *1909 Dec 25* Month *Dec* Day *25* Age *75* Years *75* Months *—* Days *—*  
 Sex *male* Color or Race *white* Birth-place *Md*  
 Occupation *Farmer* Where Residing if not at place of death *✓ Don't know*  
 Married, Single or Widowed *Widow* Name of Wife or Husband *✓ Don't know*  
 Father's Name *H<sup>W</sup> Mason* Father's Birthplace *Md.*  
 Mother's Maiden Name *Do not know* Mother's Birthplace *Don't know*  
 Name of person giving Information *W. S. Filchard* How related to deceased *none*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Senile decay* How long *4 or 5 months*  
 Immediate *Exhaustion* How long *2 or 3 weeks.*  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *J. M. Milner*  
 Address *Sumner City*  
 Accident or Suicide? *✓*



Name  
in  
Full

## CERTIFICATE OF DEATH

Jessie W. Messick  
 Town Bedfordtown County Worcester **MARYLAND**  
 Died at Bedfordtown

Date of death 1909 Month Dec Day 5 Age 73 Years Months Days

Sex male Color or Race white Birth-place Ind

Occupation Merchant Where Residing if not at place of death —

Married, ~~Single~~ Single Name of Wife or ~~Husband~~ Hannette Lee Messick

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Horace Griffie How related to deceased Son-in-law

## CAUSES OF DEATH

79

Primary Cardiac asthma How long 1 yr

Immediate Heart failure How long —

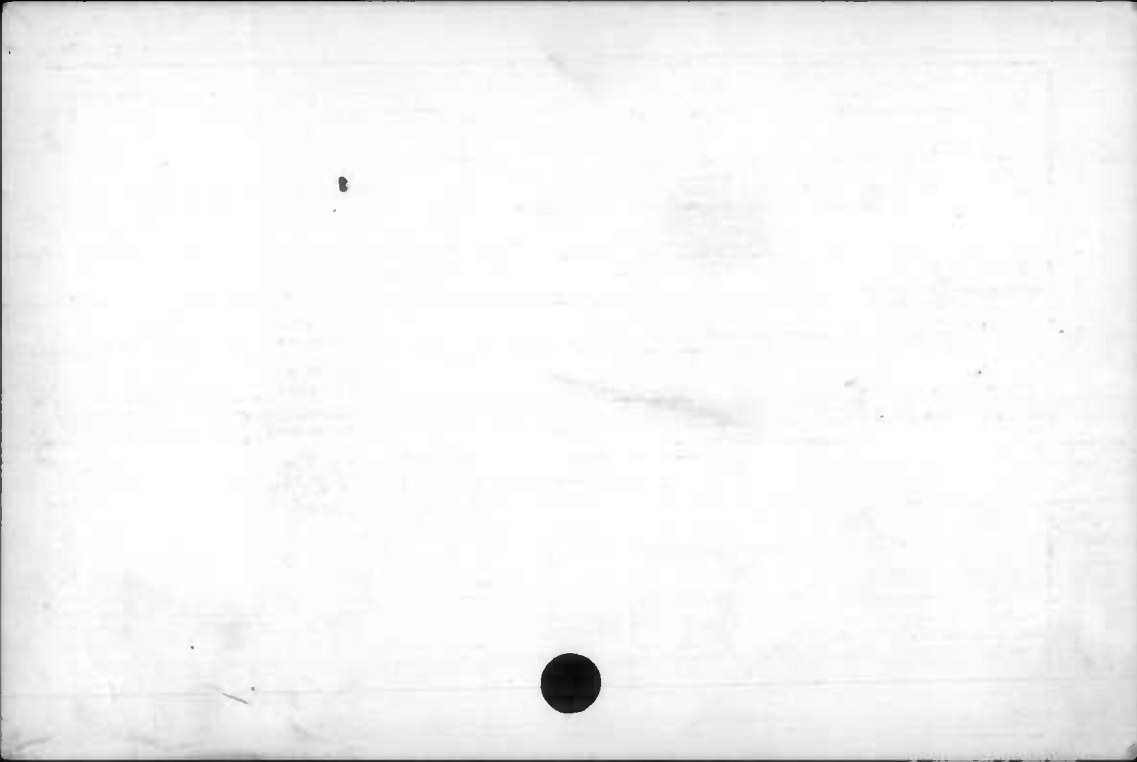
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John L. Riley

Address Snow Hill Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Dr. R.





Name  
in  
Full

Theodore H. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Snow Hill		Worcester					
Date of death	1909	Month	Dec.	Day	19	Age	57
						Years	2
Sex	Male	Color or Race	Colored.	Birth-place	Maryland.		
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
			Maggie C. Mills.				
Father's Name	George Mills					Father's Birthplace	Maryland
Mother's Maiden Name	Maggie Smith					Mother's Birthplace	Maryland.
Name of person giving Information	Annie A Brown					How related to deceased	Daughter

CAUSES OF DEATH

27

Primary	Tuberculosis	How long	4 mos.
Immediate	"	How long	"

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address



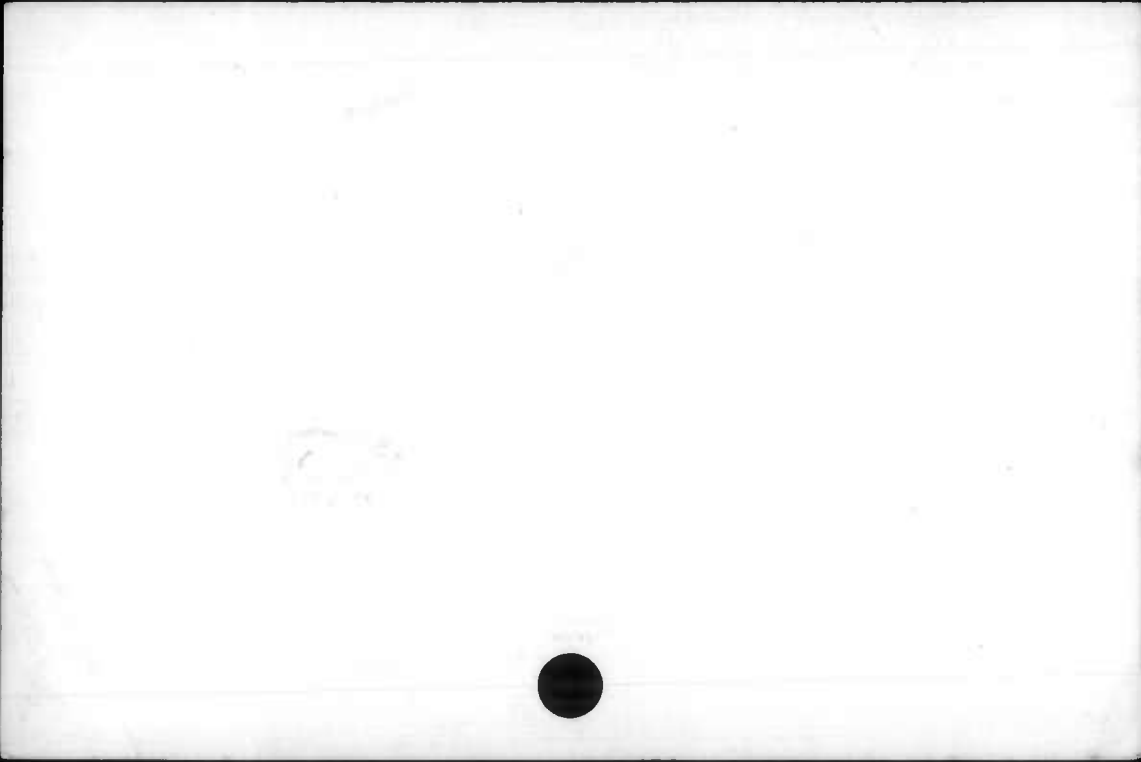
John L. Riley,  
Snow Hill,  
Md.

Accident or Suicide

No.

PHYSICIAN  
OR CORONER

ce



Name  
in  
Full

*Geo. M. Pruitt*

CERTIFICATE OF DEATH

Died at <i>Near Berlin</i>		County <i>Nor</i>		MARYLAND	
Date of death	1909	Month <i>Dec.</i>	Day <i>6</i>	Age <i>68</i>	Years <i>8</i> Months <i>2nd</i> Days <i>nd</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Stockton</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>C. C. Pruitt</i>				
Father's Name <i>David. Pruitt</i>	Father's Birthplace <i>Nor Co.</i>				
Mother's Maiden Name <i>Margaret Dickerson</i>	Mother's Birthplace				
Name of person giving Information <i>John S. Pruitt</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary	<i>Diabetic Melades</i>	How long <i>50</i>
Immediate		How long <i>4 years</i>

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*Robert Tyndall*

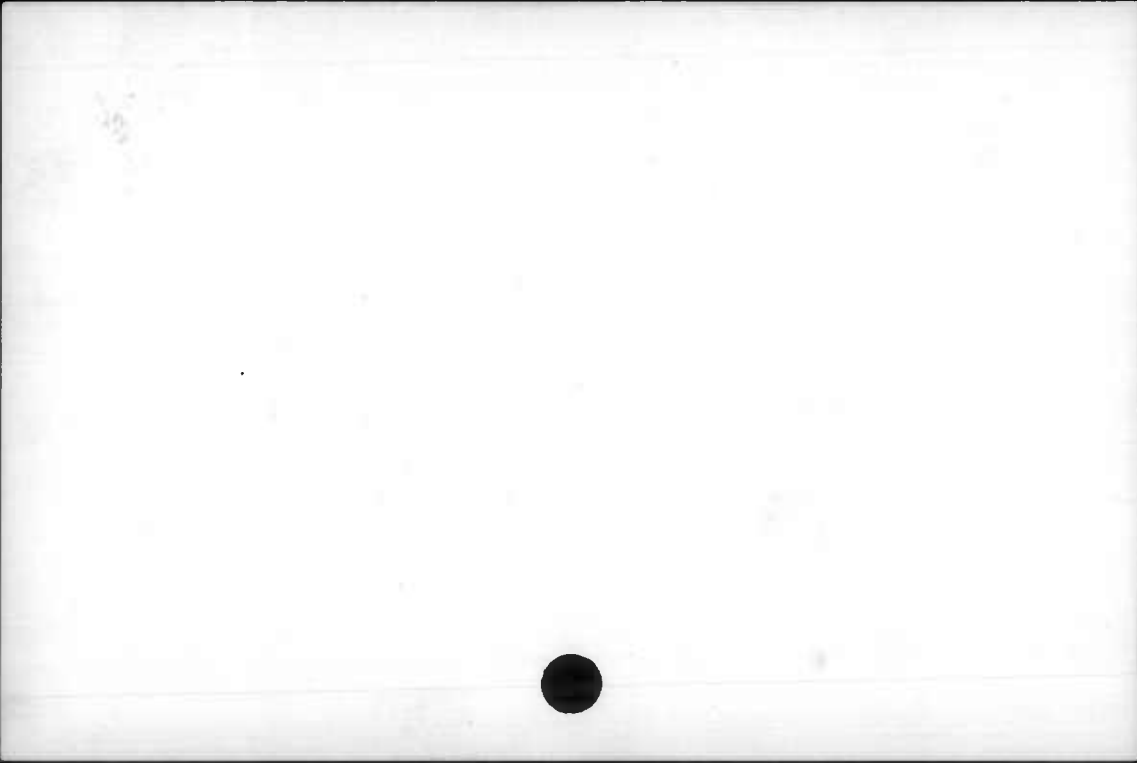
*Berlin*

*md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ella J. Purnell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

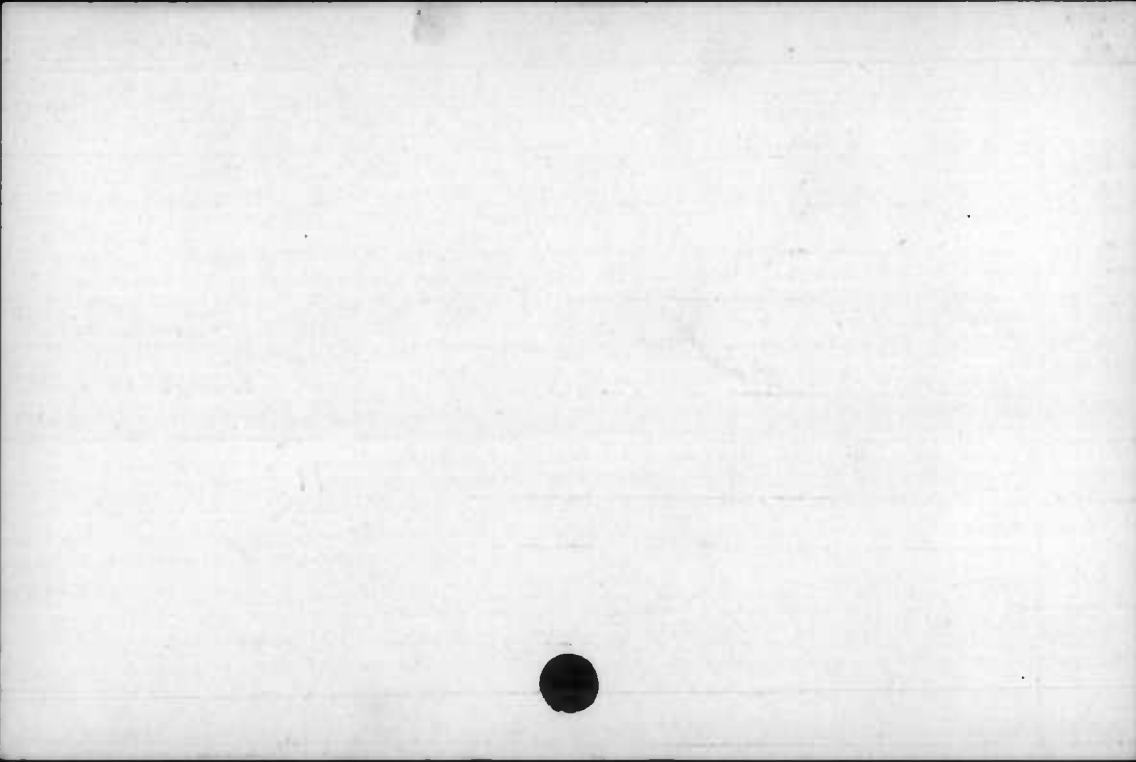
Died at <u>Snow Hill</u> Town		<u>Thomaston</u> County		MARYLAND	
Date of death	1909	Month	Dec	Day	4
Age		Years		Months	10
Sex	Female	Color or Race	Colored.		Birth-place
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	no	Name of Wife or Husband			
Father's Name	John Hall			Father's Birthplace	Maryland
Mother's Maiden Name	Mary Purnell			Mother's Birthplace	Maryland
Name of person giving information	Mary Purnell			How related to deceased	Sister

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	Chronic Bronchitis	How long	6 mos
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		John L. Riley	
Address		Snow Hill Md.	
Accident or Suicide?		no	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Snow Hill		Snow Hill		Worcester			
Date of death		Month	Day	Age	Years	Months	Days
1909 Dec. 31.		9	31	12	6	21	
Sex	Female	Color or Race	Colored	Birth-place	Snow Hill Md		
Occupation	General House work		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Riley & Burnell			Father's Birthplace			
Mother's Maiden Name	Annie Barnes			Mother's Birthplace			
Name of person giving Information	Annie Burnell			How related to deceased			
			Mother				

CAUSES OF DEATH

27

Primary	Tuberculosis	How long	4 mos.
Immediate	pulmonary hemorrhage	How long	15 min
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John L. Riley
		Address	Snow Hill Md
Accident or Suicide	No		

PHYSICIAN  
OR CORONER





Name  
in  
Full

Mary E Pursey

212  
CERTIFICATE OF DEATHDied at *Atkinson Dist*

Town

Monrovia

County

MARYLAND

Date  
of death

1909

Month

Dec

Day

9th

Age

Years

76

Months

4

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Monrovia

Occupation

domestic

Where Residing if not  
at place of death

Atkinson Dist

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Frank Pursey

Father's  
Name

Robt Duke

Father's  
Birthplace

Monrovia

Mother's  
Maiden Name

Mary Maddux

Mother's  
Birthplace

Ga

Name of person giving  
information

Richard Pursey

How related  
to deceased

Sons

## CAUSES OF DEATH

Primary

Brights + Asthma

How long

1 year

Immediate

Exhaustion

How long

one week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

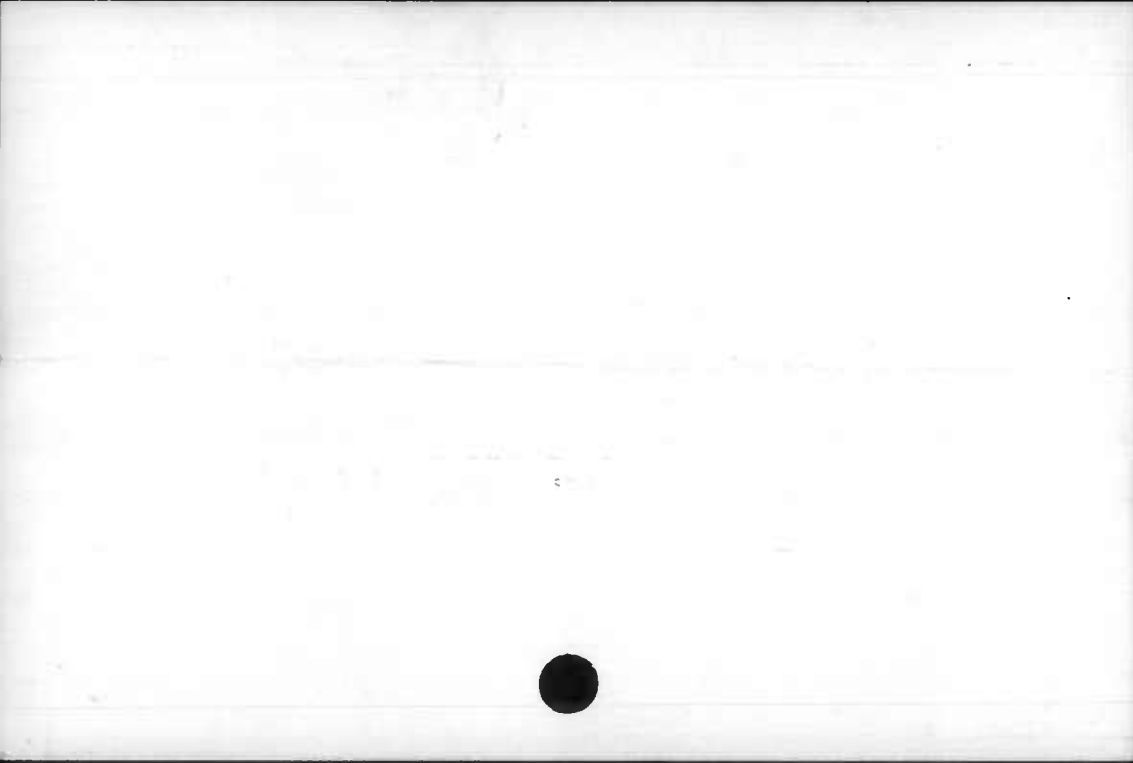
Signature of  
Physician

Address

Sam J. Lawrence  
Pocomoke City  
MD

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*Mary. Robbins*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

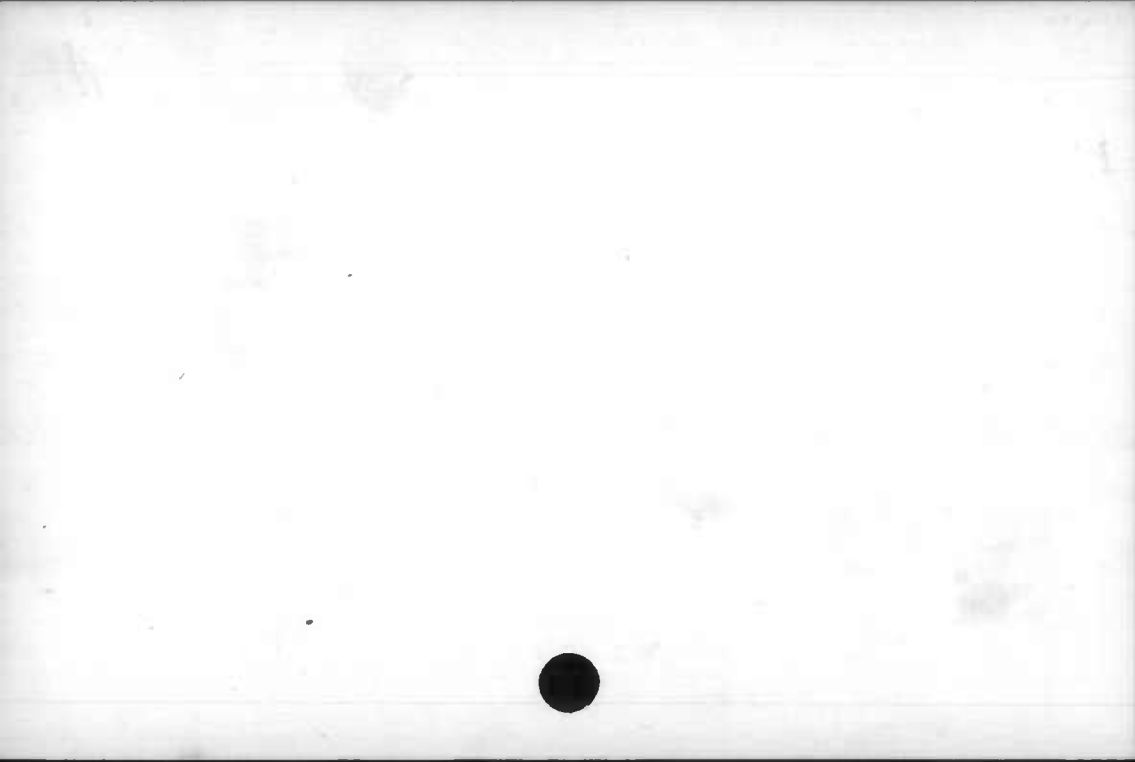
Died at		Town <i>Near Berlin</i>		County <i>Mon.</i>		MARYLAND	
Date of death	1909	Month	<i>Dec.</i>	Day	<i>18</i>	Age	<i>6</i>
Sex	<i>Female</i>		Color or Race	<i>Col</i>		Birth-place	<i>Near Berlin Md.</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>Near Berlin</i>
Mother's Maiden Name	<i>Lew. Robbins</i>					Mother's Birthplace	<i>Near Berlin</i>
Name of person giving Information	<i>Lew. Robbins</i>					How related to deceased	<i>Mother</i>

CAUSES OF DEATH

(179)

PHYSICIAN  
OR CORONER

Primary	<i>Measles</i>		How long	<i>6 months</i>
Immediate	<i>Measles</i>		How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<i>Yes</i>		<i>[Signature]</i>	<i>St. Johns Berkeley Md</i>	



Name  
in  
Full211  
CERTIFICATE OF DEATHDaniel James Ruark  
Whitcomb  
County  
Died at  
Moscovia

MARYLAND

Date of death 1909 Dec 7 Age 74  
Month Day Years Months Days

Sex Male Color or Race White Birth-place Maryland

Occupation Farmer Where Residing if not at place of death Maryland

Married, Single ☒ Widowed Name of Wife or Husband Amanda Ruark now deceased

Father's Name ——— Don't Know Father's Birthplace Ind.

Mother's Maiden Name ——— Don't Know Mother's Birthplace Unknown

Name of person giving Information Willie A. Riggins How related to deceased Neighbor

## CAUSES OF DEATH

Primary Heart Failure How long 179 Sudden

Immediate How long 1/2 hour

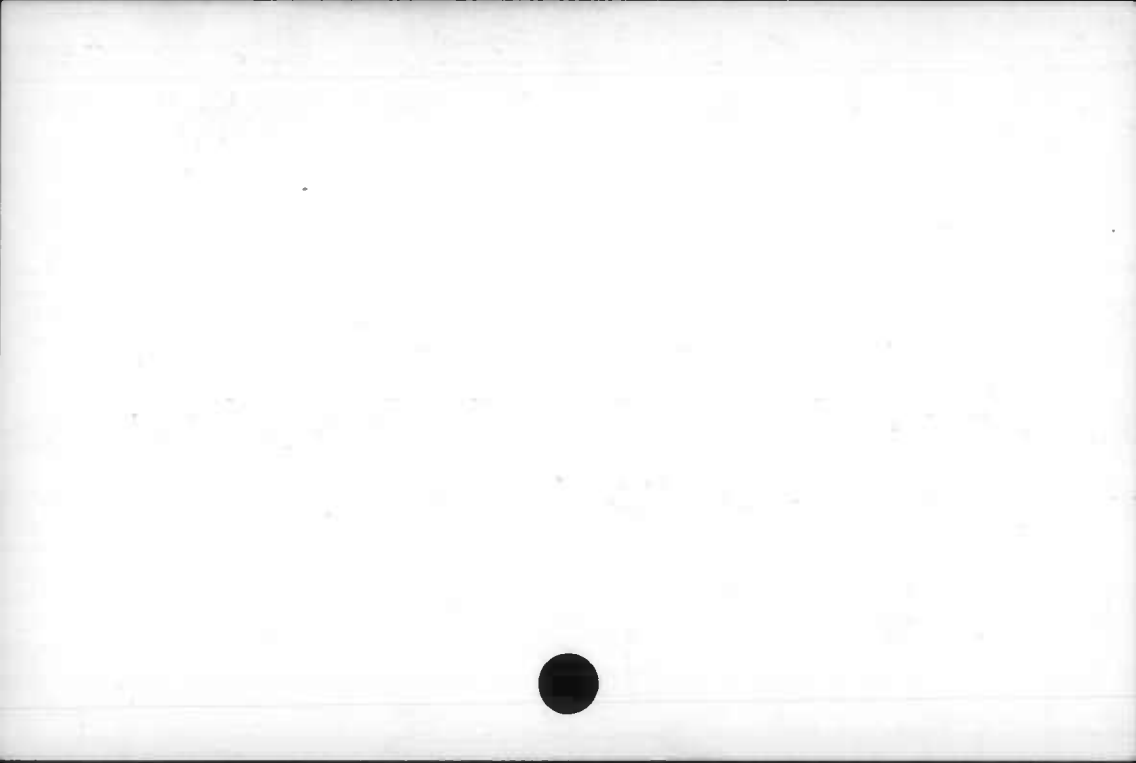
Are the name, age, sex, color, data and place correctly given above? Signature of Physician Abraham Hillman

Address Justice of the Peace Local Registrar

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

6



Name  
in  
Full

*John E. Smack.*

CERTIFICATE OF DEATH

MARYLAND

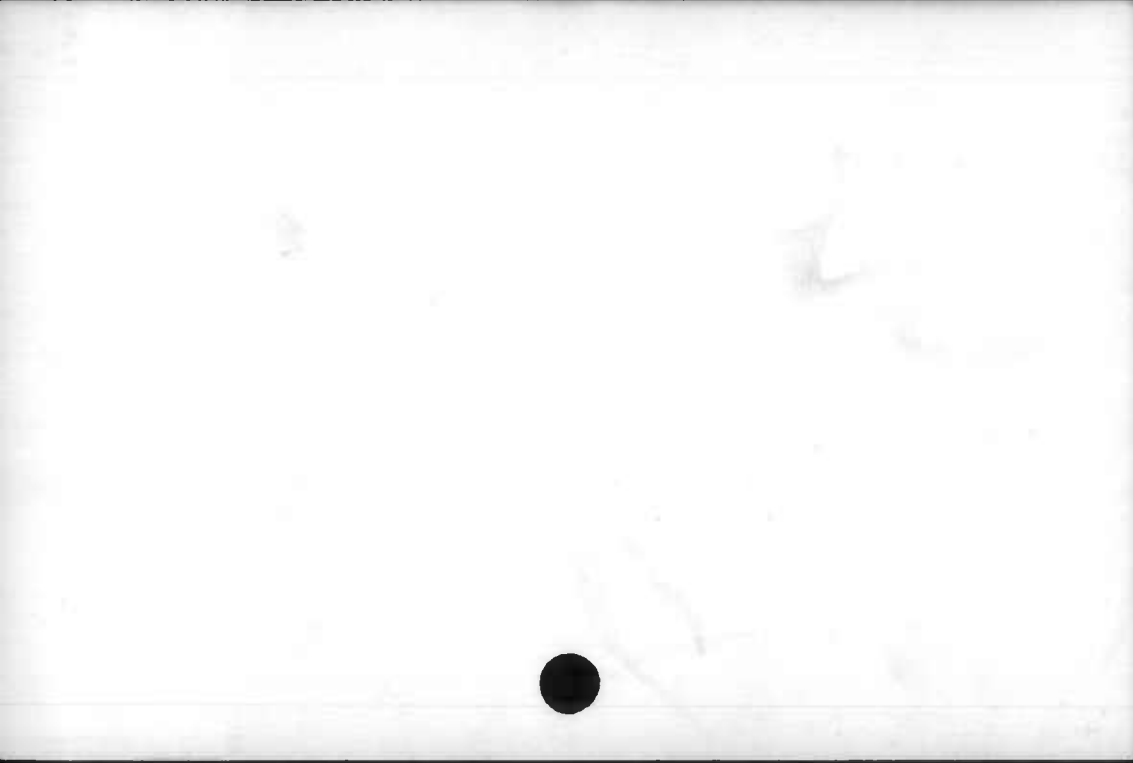
Disd at <i>Berlin</i>		County <i>Wor</i>	
Date of death 1909		Month <i>Dec.</i>	Day <i>29</i>
Age <i>55</i>		Months	Days
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Near Snaps Hill</i>	
Occupation <i>Mill hand.</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lucina Smack</i>		
Father's Name <i>Henry Smack</i>	Father's Birthplace <i>Near Snaps Hill</i>		
Mother's Maiden Name <i>Eliza Forett</i>	Mother's Birthplace <i>Near Snaps Hill</i>		
Name of person giving Information <i>Lucina Smack</i>		How related to deceased <i>Wife</i>	

CAUSES OF DEATH

Primary	<i>Foley degeneration of heart</i>	How long	<i>2 years</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. J. Hollen</i>	
		Address <i>Berlin Md</i>	

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

*Wilmer Jarr*

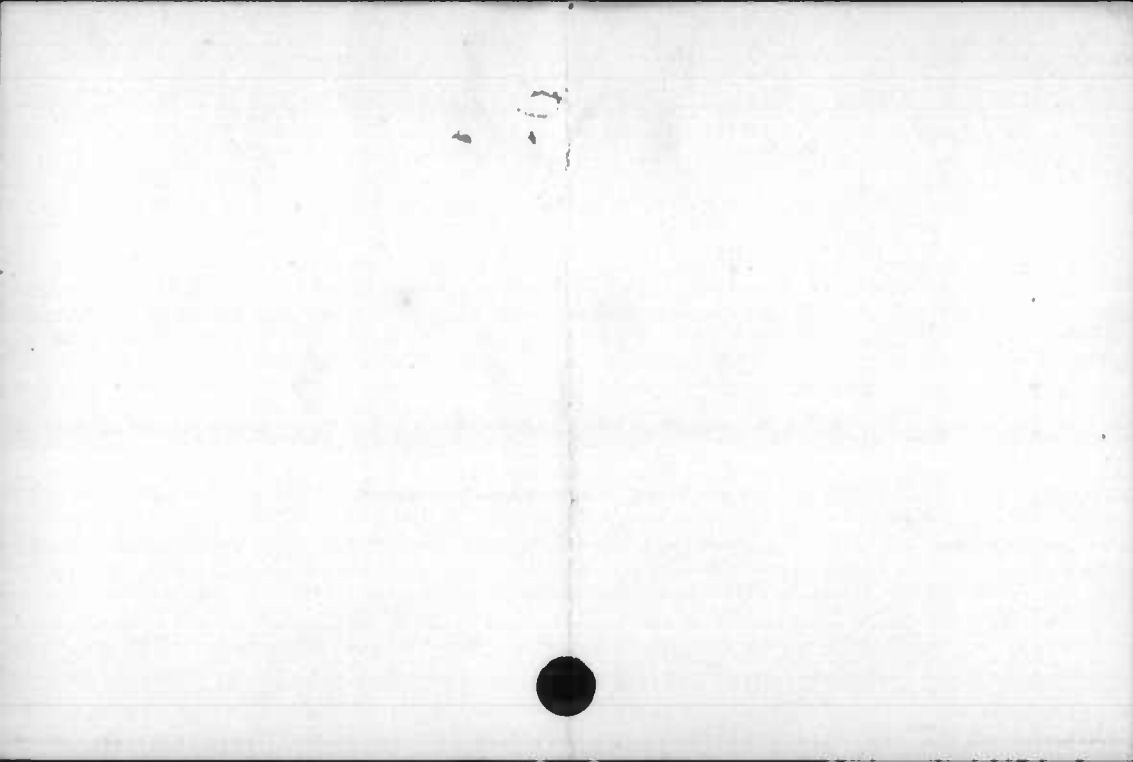
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gradlees</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>12</i>	Day <i>20</i>	Age <i>80</i>	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>Sea Captain</i>			Where Residing if not at place of death <i>md</i>		
<del>Widowed</del>			Name of Wife or Husband <i>Rosee Powell</i>		
Father's Name <i>don't know</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Charles Hill</i>			How related to deceased <i>Neph</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>don't know, No Physician</i>	<i>179</i> <sup>How long</sup> <i>week</i>
Immediate <i>No Physician</i>	<sup>How long</sup>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. O'Farrell</i>
	Address <i>Shockland md</i>
Accident or Suicide? <i>O.K.</i>	



Name  
in  
Full

Hannah Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

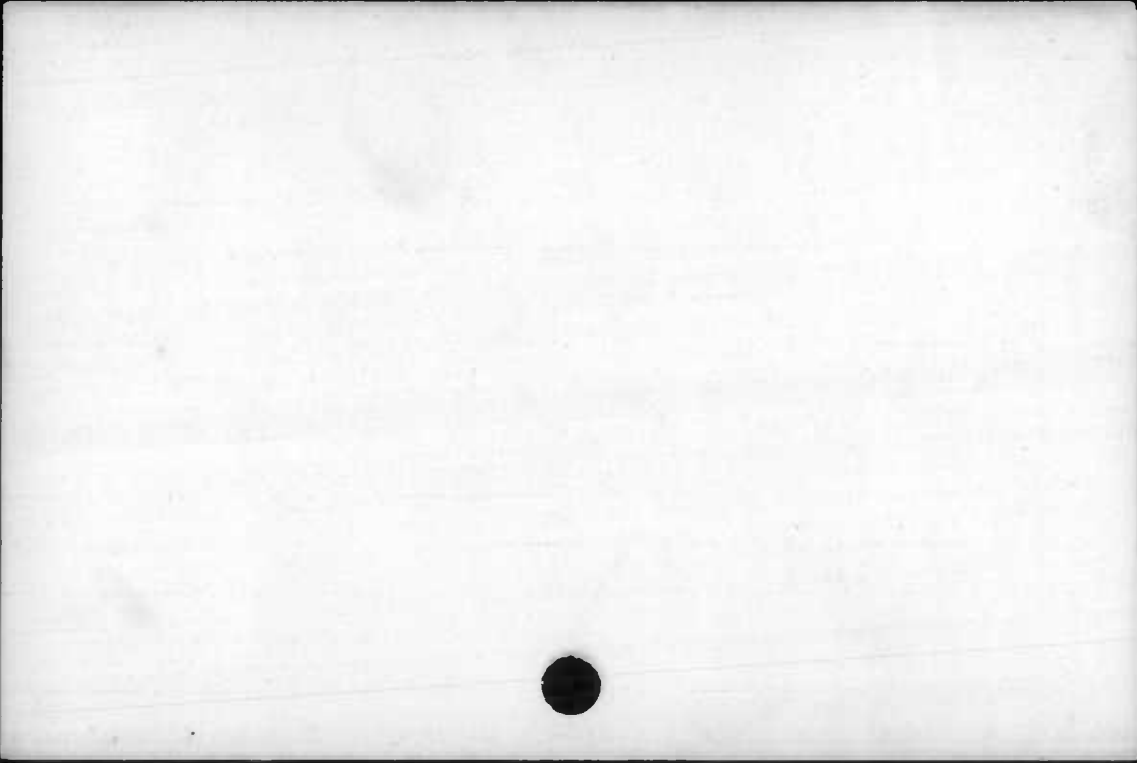
Died at <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec</i>	Day <i>20<sup>th</sup></i>	Age <i>76</i>	Months <i>2</i>	Days <i>5</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Worcester Co</i>	
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jesse Taylor</i>			
Father's Name <i>Jno Coffin</i>			Father's Birthplace <i>Worcester Co</i>		
Mother's Maiden Name <i>Betsy Coffin</i>			Mother's Birthplace <i>Worcester Co</i>		
Name of person giving information <i>Geo McKee</i>			How related to deceased <i>Son in Law</i>		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bright disease</i>	How long <i>2 Yrs</i>
Immediate <i>Uremia, Coma</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Blossie West-

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Linnestown Worcester County MARYLAND

Date of death 1909 Dec 31 4 Age 14 Months 14 Days

Sex Female Color or Race White Birth-place Maryland

Occupation Where Reaiding if not et place of death

Married, Single or Widow Name of Wife or Huaband

Father's Name Lamp West- Father's Birthplace Maryland

Mother's Meiden Name Ida Nickils Mother's Birthplace Maryland

Name of person giving Information Emory Mydelotte How related to deceased Son

CAUSES OF DEATH

50  
How long

PHYSICIAN  
OR CORONER

Primery

Immediate Diabetes mellitus mouth

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Chas. D. K. H. K.

Address Berlin

Accident or Sulcide

